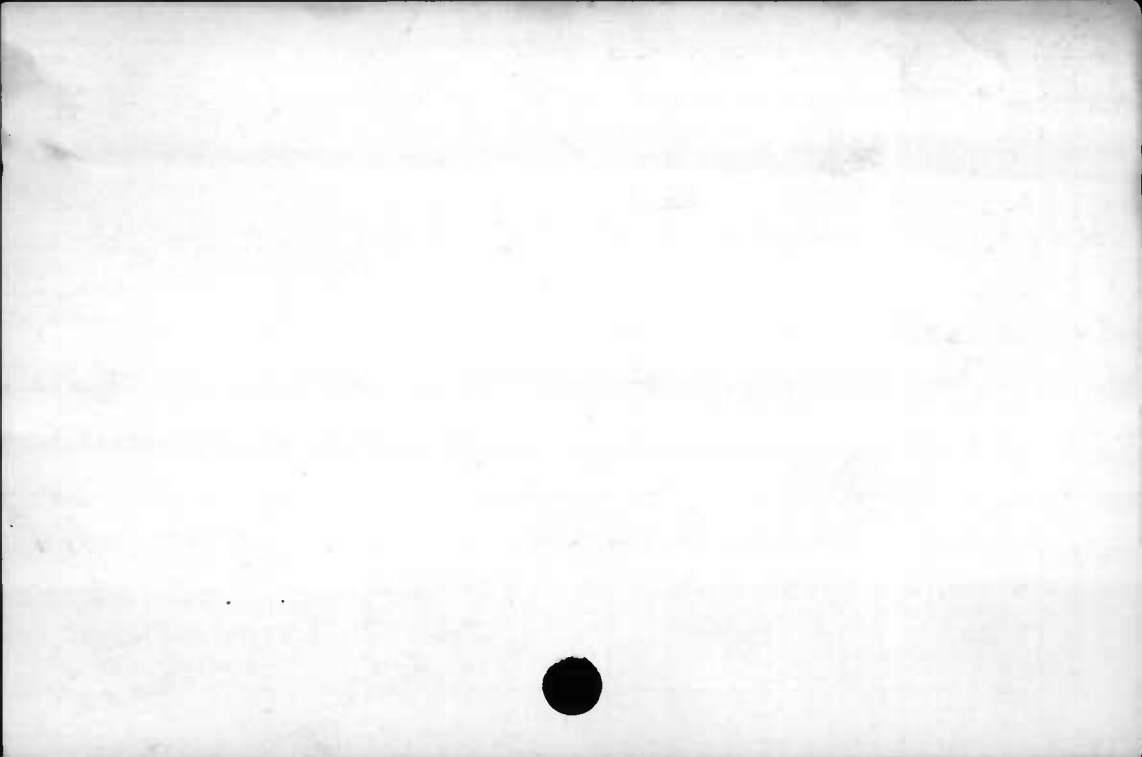
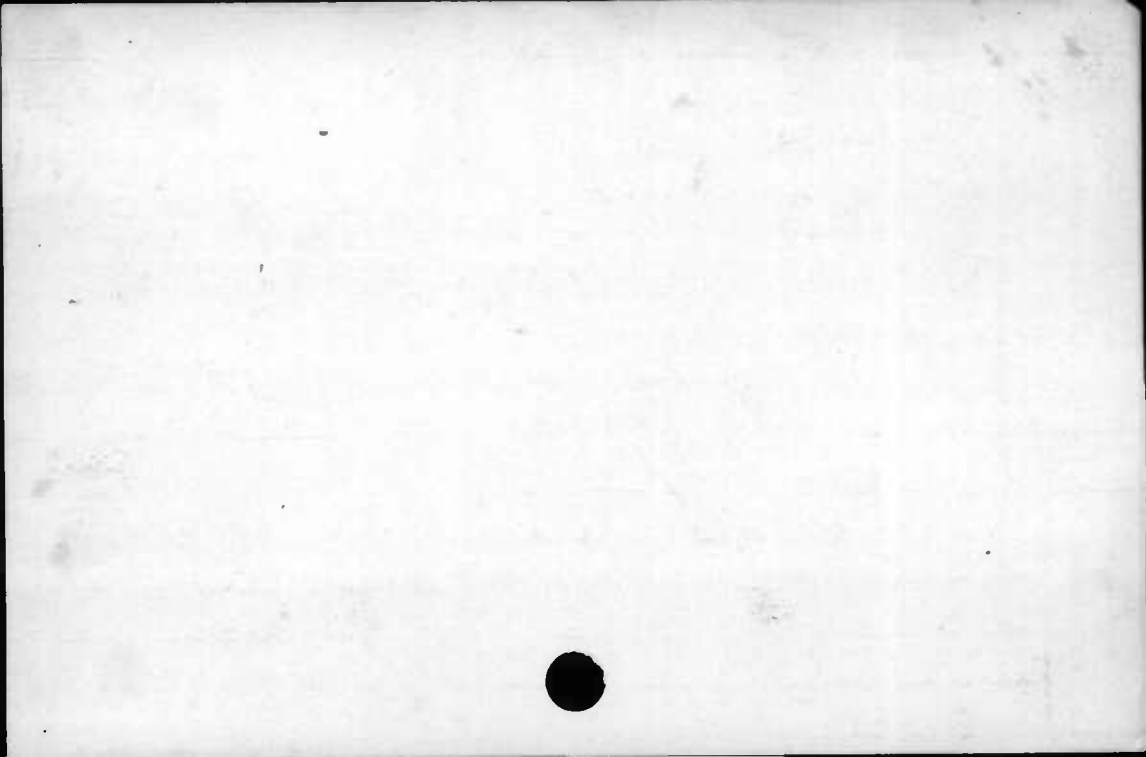


Name in Full		Waring W. Adams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town New Pomeroy	County Cherokee		MARYLAND	
	Date of death	1906	Month July	Day 25	Age —	Years —	Months 6
	Sex	Male		Color or Race	white		Birthplace
	Occupation	—		Where Residing if not at place of death		at place of death	
	Married, Single or Widowed	—		Name of Wife or Husband		—	
	Father's Name	Lemuel P. Adams				Father's Birthplace	Ind.
PHYSICIAN OR CORONER	Mother's Maiden Name	Mary A. Wadde				Mother's Birthplace	Ind.
	Name of person giving information	L. P. Adams				How related to deceased	Friend
	CAUSES OF DEATH						
	Primary	Congestion of Brain				How long	Three days
Immediate					How long		
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		no		John F. Marshall Sub Rg		



Name in Full		Higgins Bowman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Highersville	County Whites		MARYLAND	
	Date of death	1906	Month July	Day 19	Age 53	Months	Days
	Sex	male		Color or Race	Colored		
	Occupation	Laborer		Birth- place	ind		
	Where Residing if not at place of death						
	Married, Single or Widowed	married		Name of Wife or Husband	Linnie Bowman		
	Father's Name	John Bowman				Father's Birthplace	ind
Mother's Maiden Name	Henny Bowens				Mother's Birthplace	ind	
Name of person giving In formation	Charles Bowman				How related to deceased	Brother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Typhoid Fever ①				How long	3 weeks
	Immediate	Intestinal hemorrhage				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	L. C. Carriou, Jr.	
					Address	Myanville ind	
Accident or Suicide?							



Name
in
Full

John Andrew Bauman

CERTIFICATE OF DEATH

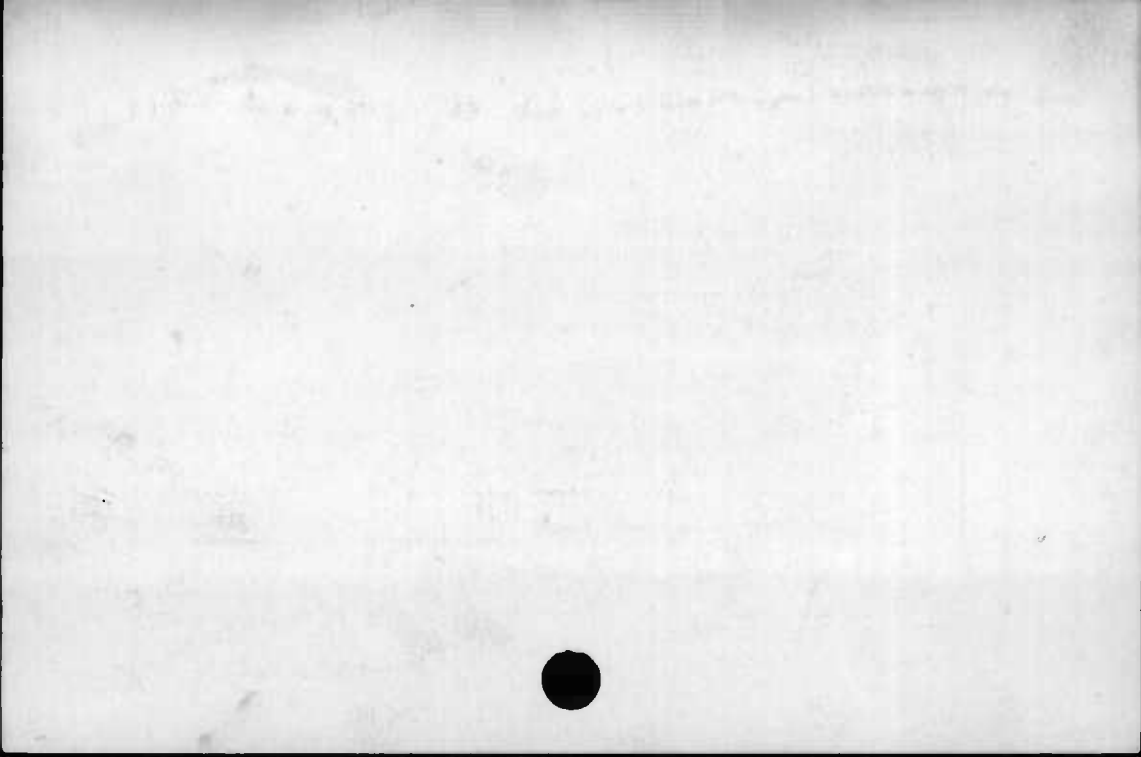
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mudpack</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>22</i>	Age <i>5-9</i>	Months <i>7</i>	Days <i>5</i>		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Chas. Co Md.</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary S. Bauman</i>					
Father's Name <i>John Bauman</i>				Father's Birthplace <i>Chas Co Md.</i>			
Mother's Maiden Name <i>Not given</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>B A Bauman</i>				How related to deceased <i>Son</i>			

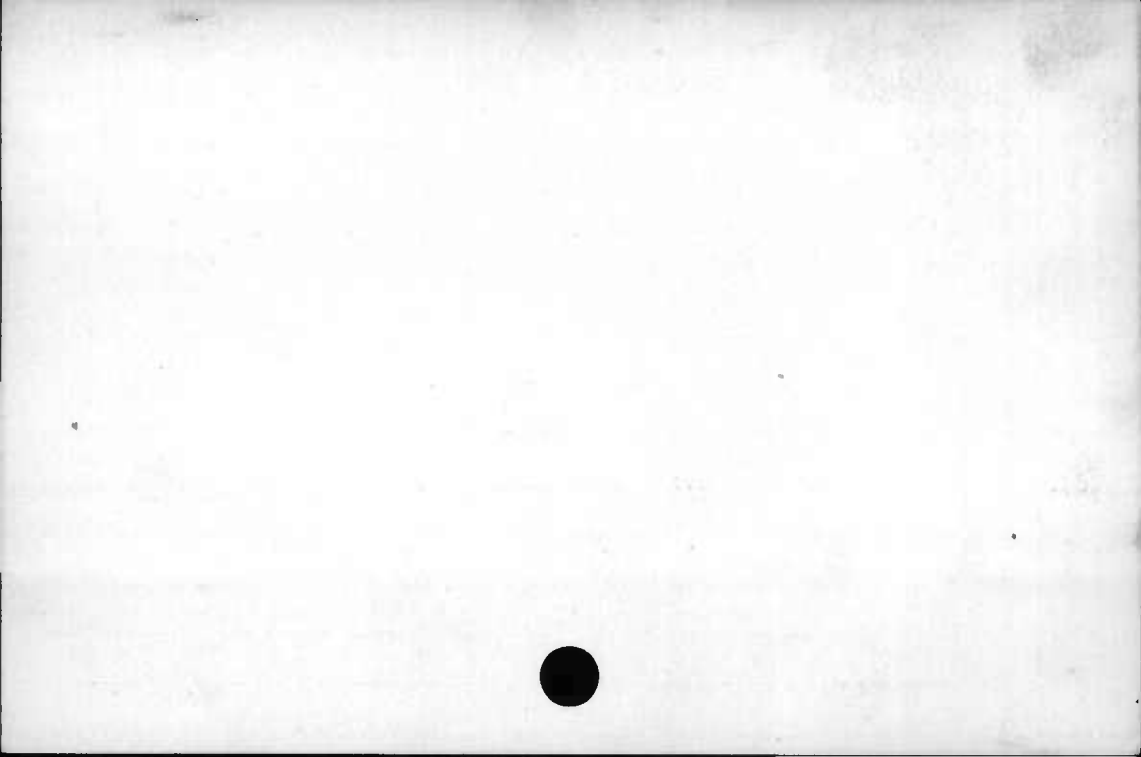
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Prostatic Trouble</i>	How long <i>Two years</i>
Immediate <i>Uremia et Severe Degeneration</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. L. Cecil M.D.</i>
<i>According to information given</i>	Address <i>Wacoined Md.</i>
Accident or Suicide?	



Name in Full		Wilmer Rossford				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Hughesville	County Chesapeake		MARYLAND	
		Date of death 190	6	Month July	20	Day	Age	Years
		Sex		male		Color or Race	white	Birth-place
		Married, Single or Widowed		single		Occupation		
		Name of Wife or Husband						
		Father's Name			Frank Rossford			Father's Birthplace
		Mother's Maiden Name			Gertrude Montgomery			Mother's Birthplace
PHYSICIAN OR CORONER		Name of person giving information		Frank Rossford			How related to deceased	
					Father			
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Murmur		How long	2 months	
		Immediate		Exhaustion		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
						Address		
		Accident or Suicide?						



Name
In
Full

Elizabeth Emily Bowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1906		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband							
Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart disease	How long	Suddenly
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Elizabeth Briscoe

CERTIFICATE OF DEATH

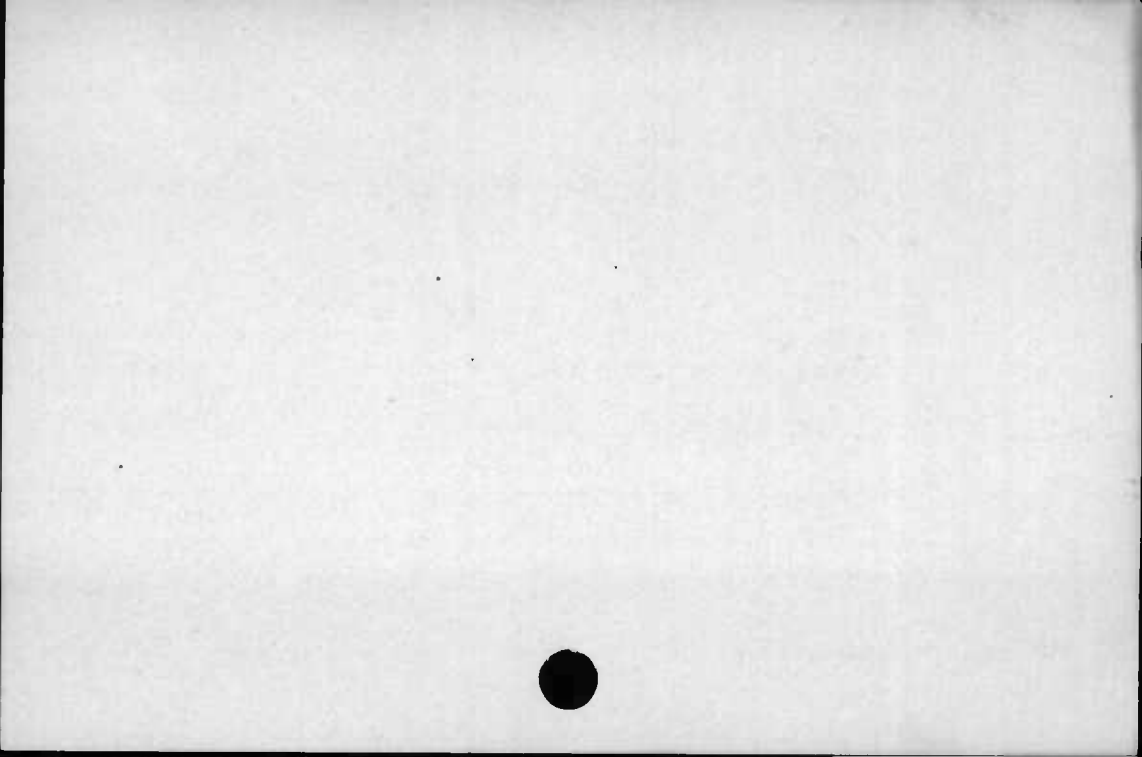
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pigah		County Charles		MARYLAND	
Date of death		1906	Month July	Day 31	Age 58	Months —	Days —
Sex Female		Color or Race colored		Birth- place Maryland			
Occupation Housewife				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Frank Briscoe					
Father's Name Hugh Bowman		Father's Birthplace Maryland					
Mother's Maiden Name Mary Bowman		Mother's Birthplace Maryland					
Name of person giving Information Frank Briscoe		How related to deceased Husband					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatism	(47)	How long	8 mos.
Immediate	Heart Disease		How long	3 mos.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. C. Bicknell,	
Yes		Address	Pigah, Md.	
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

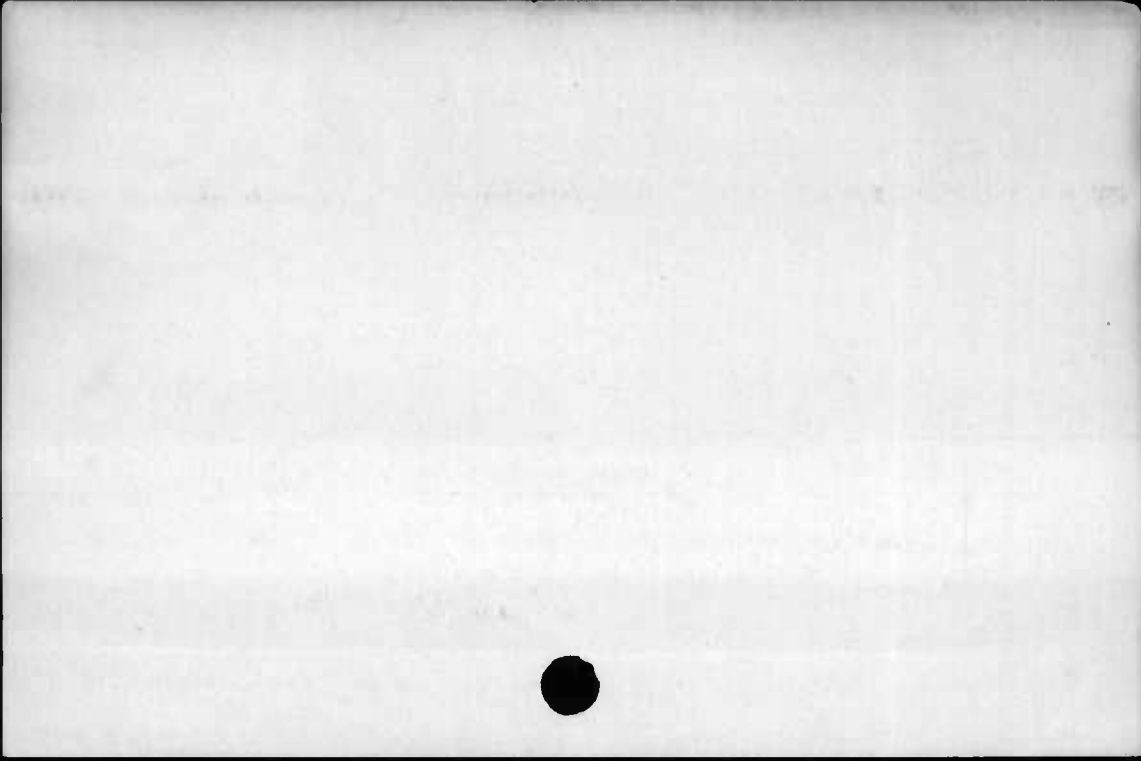
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Rachel Carroll</i>		Town <i>River Side</i>		County <i>Charles</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>1</i>		Years <i>3</i>	
Date of death <i>1906</i>		Age		Months		Days	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Simuel Carroll</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Laney Dorsey</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Simuel Carroll</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Spasms</i>	How long <i>1 day</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James M. Wheeler</i>
	Address <i>Sub. Registrar</i>
Accident or Suicide?	



Name
in
Full

Mary Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Pimwamy^{County} Charles

Date of death 1906 July

Day 10

Age Years 2

Months —

Days —

Sex Female

Color or Race Colored

Birth-place Other to Care

Occupation —

Where Residing if not at place of death at place of death

Married, Single or Widowed —

Name of Wife or Husband —

Father's Name Basil E. Clark

Father's Birthplace Other Co York

Mother's Maiden Name Clara C. Campbell

Mother's Birthplace Other Co York

Name of person giving information Basil E. Clark

How related to deceased Father

CAUSES OF DEATH

Primary Stes. Colitis

How long Three weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. W. Mitchell M.D.

Address Pimwamy Ind.

Accident or Suicide? No

PHYSICIAN
OR CORONER

79-1



Name
in
Full

CERTIFICATE OF DEATH

Aubrey Boy

TO BE ANSWERED BY
NEAREST FRIEND

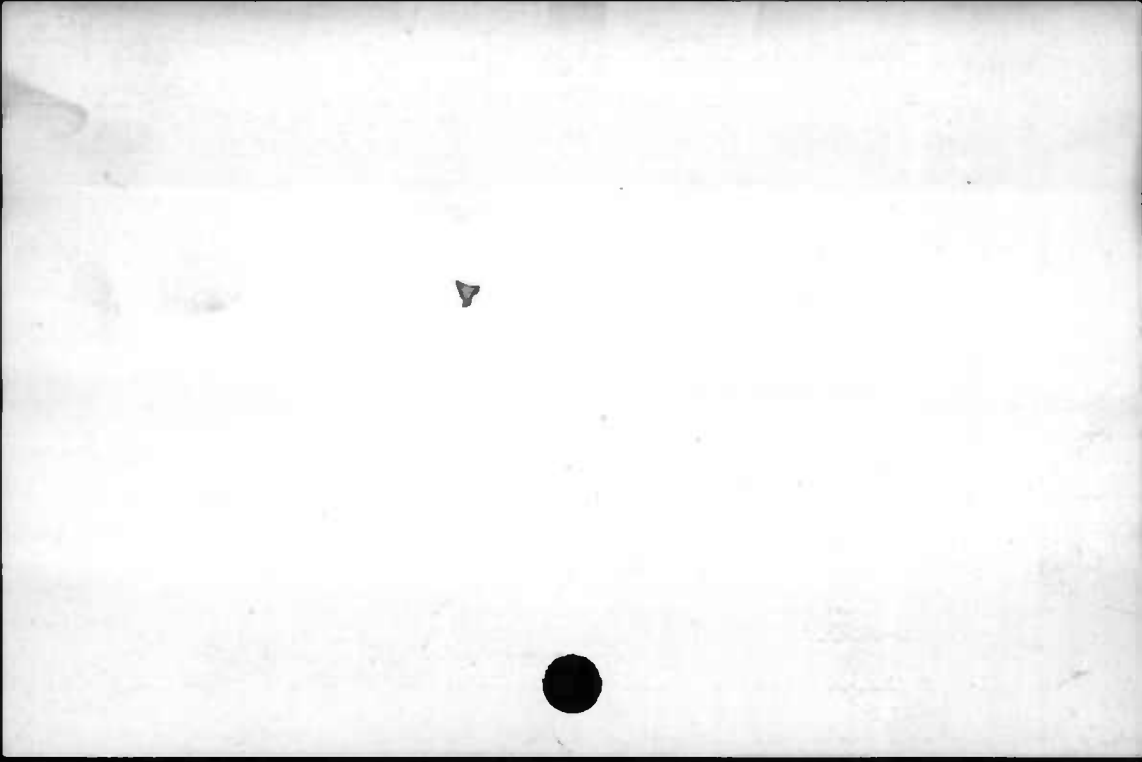
MARYLAND

Died at <i>Pomfret</i> Town <i>Blue</i> County			
Date of death <i>1906</i>	Month <i>July</i>	Day <i>19</i>	Age <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Blue Co Md</i>	Months <i>6</i> Days <i>10</i>
Occupation <i>---</i>	Where Residing if not at place of death <i>at place of death</i>		
Married, Single or Widowed <i>---</i>	Name of Wife or Husband <i>---</i>		
Father's Name <i>Charles H Boy</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Anna M Boy</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>B W. Spaulding</i>	How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>105</i>	How long
Immediate <i>Cobry encephalitis</i>		How long <i>8 or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. P. Marshall</i>	Address <i>Pomfret, Md</i>
Accident or Suicide?	<i>Blue Co Md</i>	



Name
in
Full

Florence Alberta Deant

CERTIFICATE OF DEATH

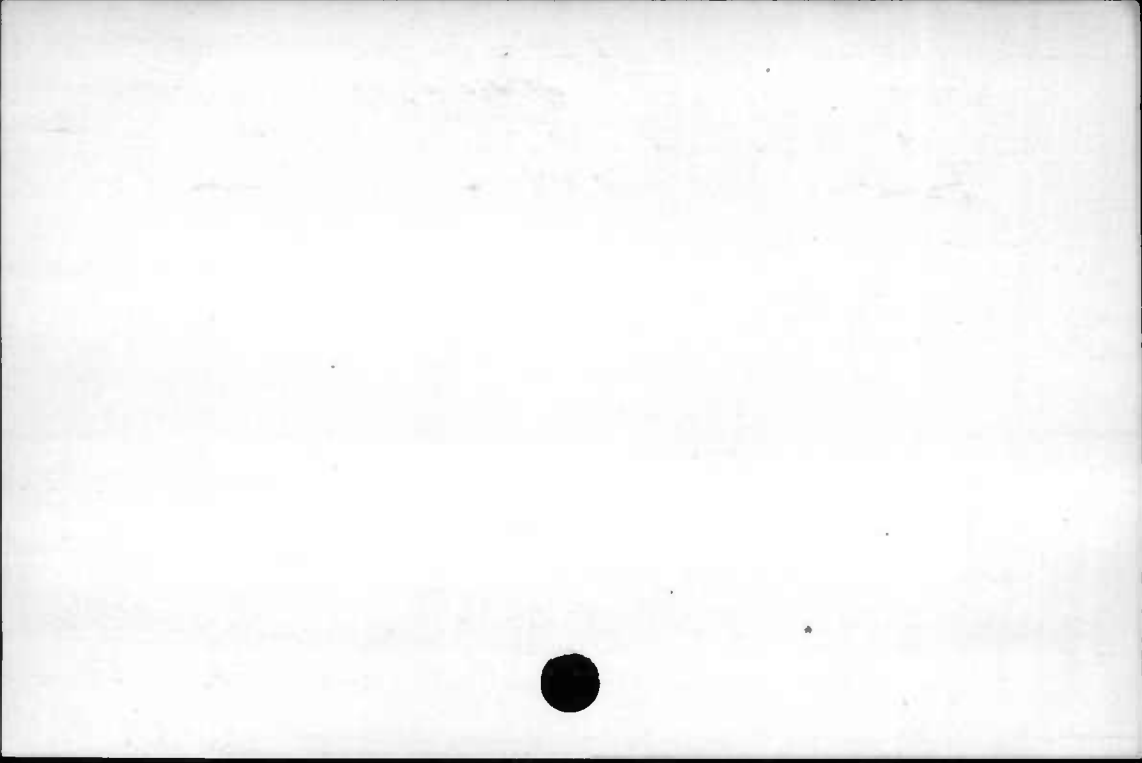
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near <i>Domeaster</i> ^{County} <i>Charles</i>		MARYLAND	
Date of death 1906	Month <i>July</i>	Day <i>29</i>	Age <i>2</i>
Sex <i>Female</i>	Color or Race <i>Black</i>	Birthplace <i>Ind</i>	
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Elias Deant</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Carrie Simpson</i>		Mother's Birthplace <i>Ind</i>	
Name of person giving information		How related to deceased	

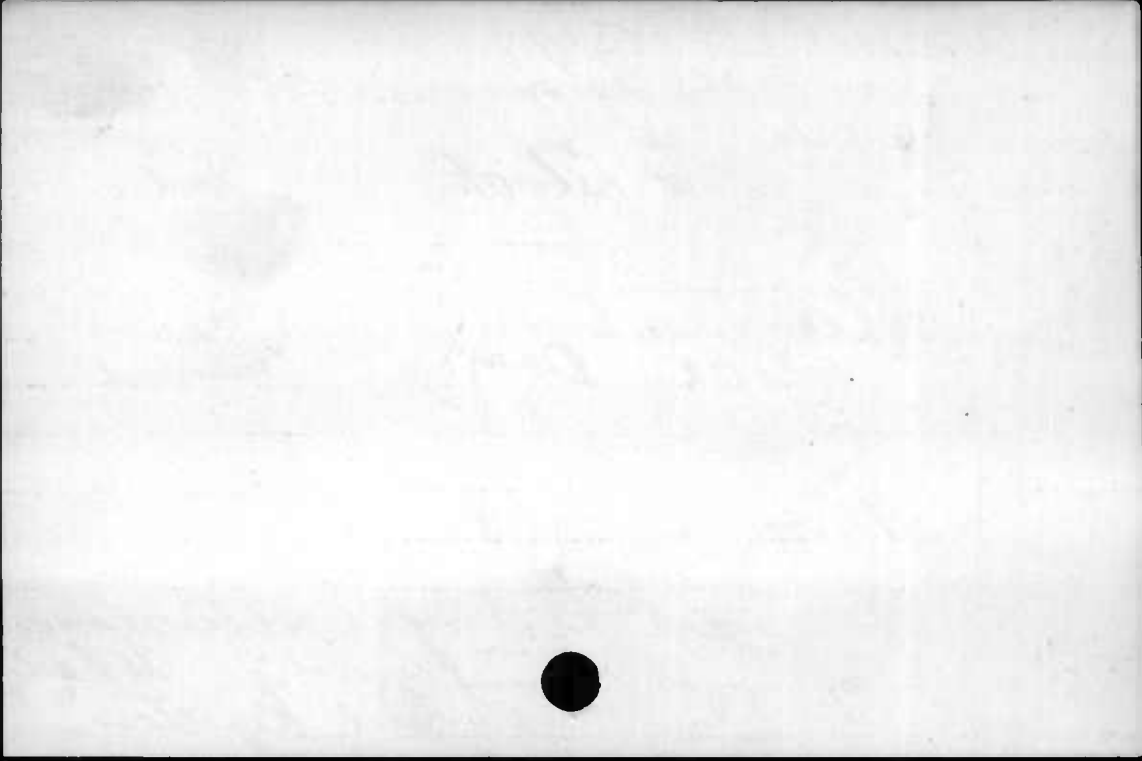
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping cough</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>James M. Wheeler</i>
		Address <i>Sub Registrar</i>
Accident or Suicide?		



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND	William Dent		Charles		MARYLAND
	Died at near Waldorf		County		
	Date of death	1906	Month	July	Day
				13	Age
				56	Years
					Months
					Days
TO BE ANSWERED BY NEAREST FRIEND	Sex	Male	Color or Race	Colored	Birthplace
	Occupation	Laborer	Where Residing if not at place of death		Charles Co Md
	Married, Single or Widowed	Single	Name of Wife or Husband		
	Father's Name	Thomas Dent	Father's Birthplace	Md	
	Mother's Maiden Name	Winnie A. McPherson	Mother's Birthplace	Md	
	Name of person giving information	Olivia Brown	How related to deceased	Sister	
	CAUSES OF DEATH				
PHYSICIAN OR CORONER	Primary	Cerebritis	150	How long	10 Days
	Immediate	Exhaustion		How long	Short while
	Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	G. O. Monroe M. D.
			Address	Waldorf	
	Accident or Suicide?				Md



Name
in
Full

Anne Dorsey

CERTIFICATE OF DEATH

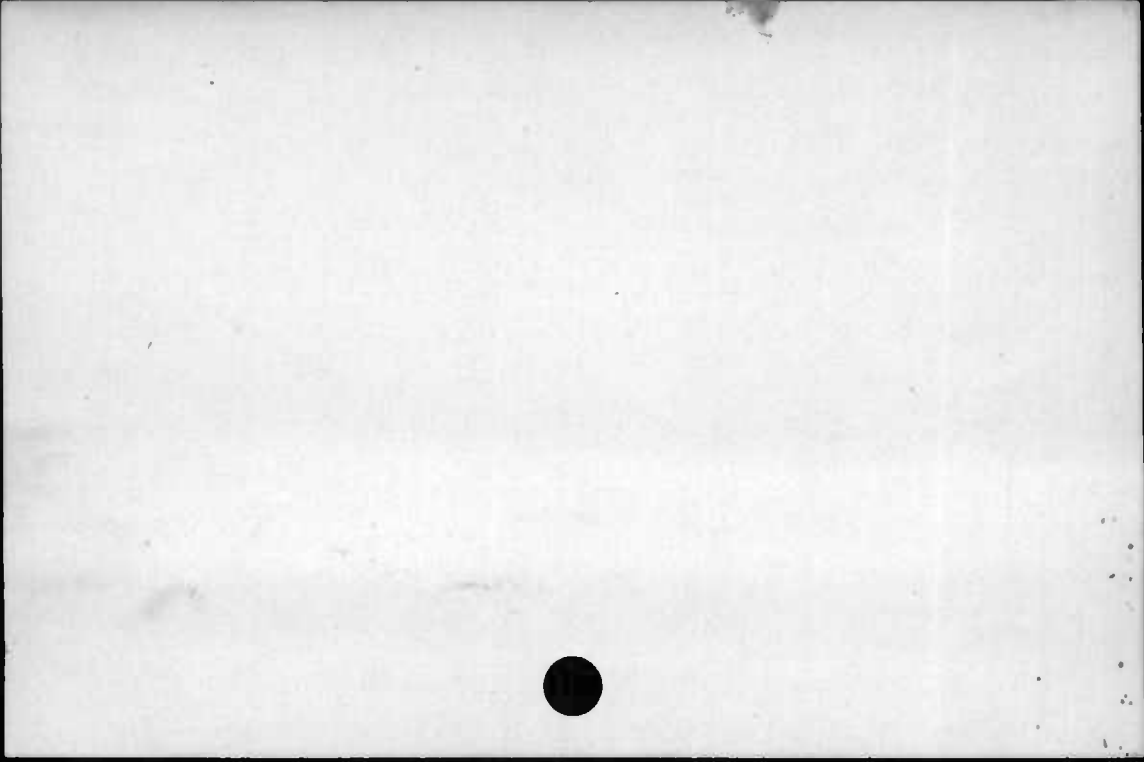
TO BE ANSWERED BY
NEAREST FRIEND

Died at		near cross Roads		County		Charles		MARYLAND																					
Date of death		1906		Month		July		Day		26		Age		Years		Months		1		Days		7							
Sex		Female		Color or Race		Black		Birth-place		Ind																			
Occupation										Where Residing if not at place of death																			
Married, Single or Widowed										Name of Wife or Husband																			
Father's Name										Alexander, Dorsey												Father's Birthplace		Ind					
Mother's Maiden Name										Alice Dorsey												Mother's Birthplace		Ind					
Name of person giving information																						How related to deceased							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Whooping cough		How long			
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		None attendance	
				Address		James M. Wheeler	
						Sub Registrar	
Accident or Suicide?							



Name
in
Full

Margaret S Franklin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} near Hill Top		^{County} Charles			
Date of death	1906	Month	July	Day	9
Age		Years		Months	Days
85					
Sex	Female	Color or Race	white	Birth-place	MD.
Occupation	house wife		Where Residing if not at place of death		
Married, Single or Widowed		Married		Name of Wife or Husband	
				Hosekiah Franklin	
Father's Name	Isaac Bowie			Father's Birthplace	MD.
Mother's Maiden Name	Betsie Bullman			Mother's Birthplace	MD.
Name of person giving information	Jas. A Bowie			How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	154
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	None in attendance
	Charles Carpenter	Address	Bizgan MD.
Accident or Suicide?	Sub Registr		



TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Robert Calberg French				CERTIFICATE OF DEATH	
Died at		near River Side		Charles		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		July	24			6	
Sex		Color or Race		Birth-place			
Male		Black		Ind			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
William French				Ind			
Mother's Maiden Name				Mother's Birthplace			
Alice Tolson				Ind			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

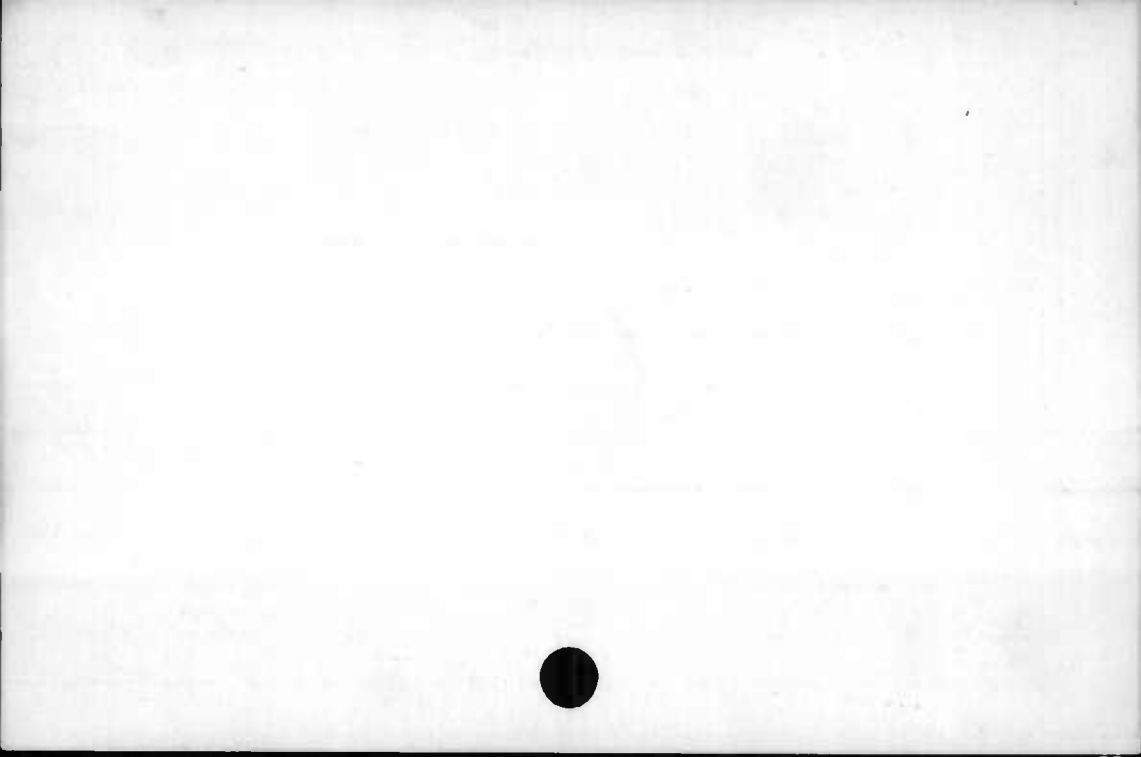
Address

James M. Wheeler
Sub Registrar

Accident or Suicide?

This Card was
Miss Laid

Name In Full		William Albert Hagen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town near Waldorf	County Charles		MARYLAND	
	Date of death	1906	Month July	Day 1	Age —	Years 8	Months —
	Sex	male		Color or Race	Colored		Birthplace
	Occupation	—		Where Residing (if not at place of death)			
	Married, Single or Widowed	—		Name of Wife or Husband			
	Father's Name	William Hagen				Father's Birthplace	Ind
Mother's Maiden Name	Anna Stewart				Mother's Birthplace	Ind	
Name of person giving Information	Anna Stewart				How related to deceased	mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	15 days
	Immediate	Exhaustion				How long	Short while
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	C. O. Morrow	
					Address	Waldorf	
Accident or Suicide?							



Name
in
Full

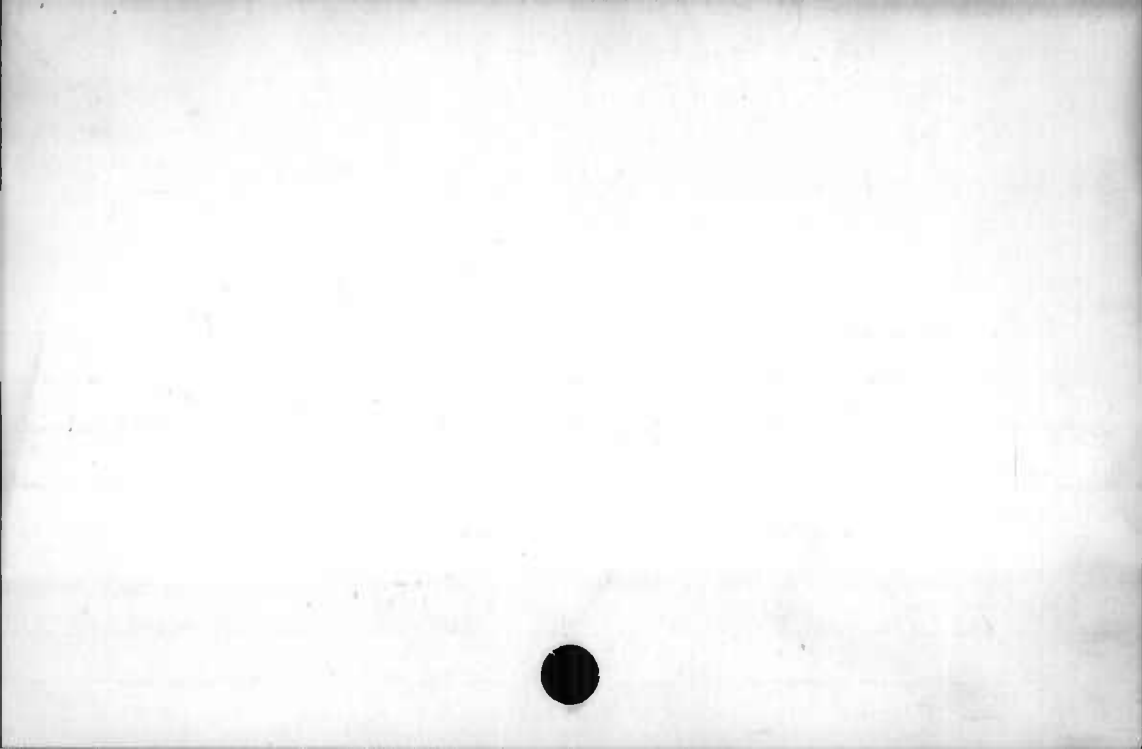
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

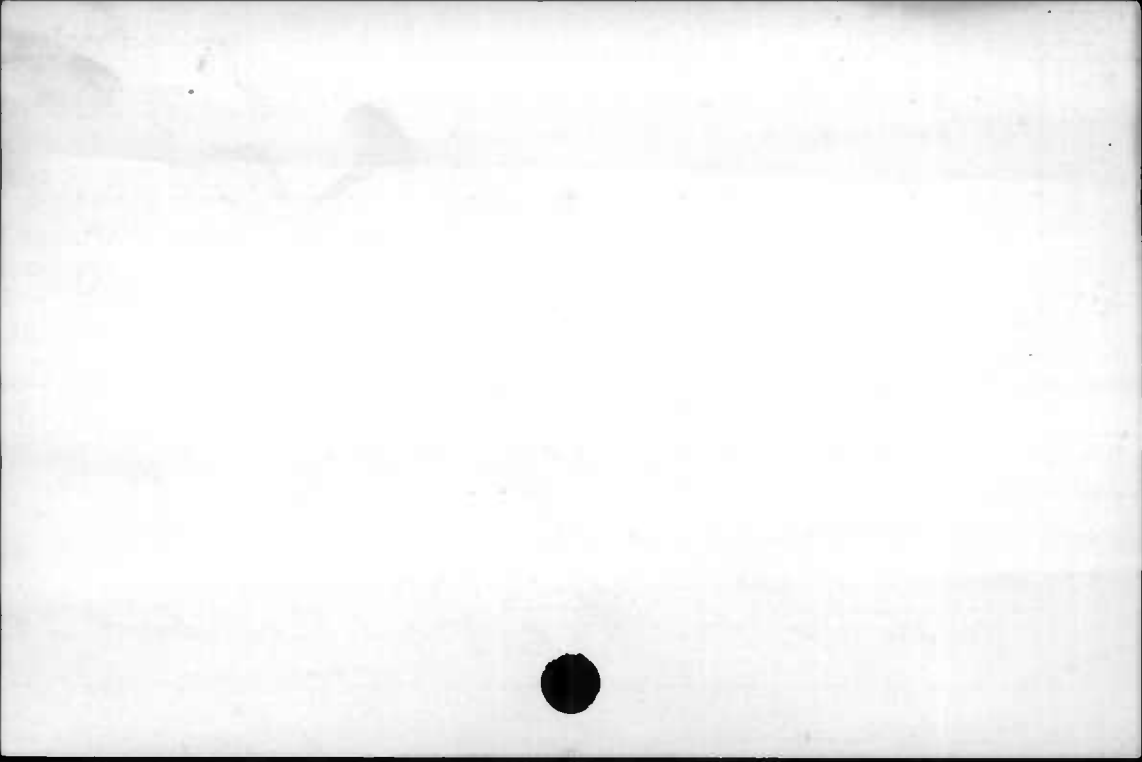
Name in Full Nancy Monroe Hamilton		Town near Waldorf		County Charles		MARYLAND	
Died at		Month July		Day 2		Age Years —	
Date of death 1906		Months 11		Days —			
Sex Female		Color or Race White		Birth-place Ind			
Occupation —		Where Residing if not at place of death —					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Willie R. Hamilton		Father's Birthplace Ind					
Mother's Maiden Name Ada Smart		Mother's Birthplace Ind					
Name of person giving Information Willie R. Hamilton		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Malassimilation	How long 179
	Immediate Exhaustion	How long —
	Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician G. O. Monroe M.D.
	Address Waldorf	
Accident or Suicide? —		Ind



Name in Full		Clarence B. Hardy				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Pomunkey	County Charles	MARYLAND			
		Date of death	1906	Month July	Day 30	Age —	Months 6	Days 21	
		Sex	Male		Color or Race	White		Birth-place	Ches. Co. Md.
		Occupation	—		Where Residing if not at place of death at place of death				
		Married, Single or Widowed	—		Name of Wife or Husband —				
PHYSICIAN OR CORONER		Father's Name Charles B. Hardy				Father's Birthplace Ches. Co. Md.			
		Mother's Maiden Name Vellie Hodges				Mother's Birthplace Ches. Co. Md.			
		Name of person giving information C. B. Hardy				How related to deceased Father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary Cholera Infantum				How long 24 hours			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. W. Mitchell			
		Address Pomunkey Md.							
		Accident or Suicide?				No			



Name
in
Full

William Hammie Hawkins

CERTIFICATE OF DEATH

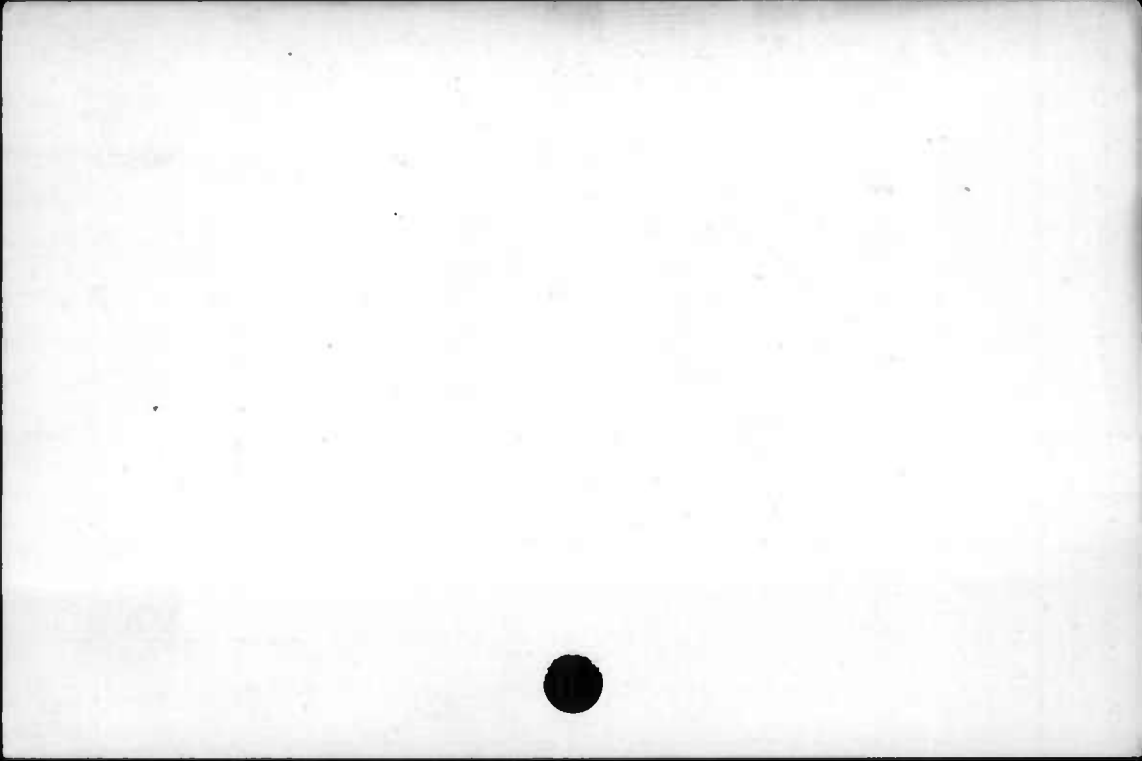
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Reynolds</i>		Town <i>Charters</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>July</i>	Day <i>16</i>	Age	Years	Months <i>5-</i>	Days	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Chas Lee</i>				
Occupation <i>none</i>			Where Residing if not at place of death <i>Reynolds mva</i>				
Married, Single or Widowed <i>*</i>		Name of Wife or Husband					
Father's Name <i>Alexander Hawkins</i>			Father's Birthplace <i>Chas Lee</i>				
Mother's Maiden Name <i>Mary Carter</i>			Mother's Birthplace <i>Chas Lee</i>				
Name of person giving information <i>Waddy Carter</i>			How related to deceased <i>Grand mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W.S. Gales (Sub Reg)</i>
	Address <i>Reynolds mva</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

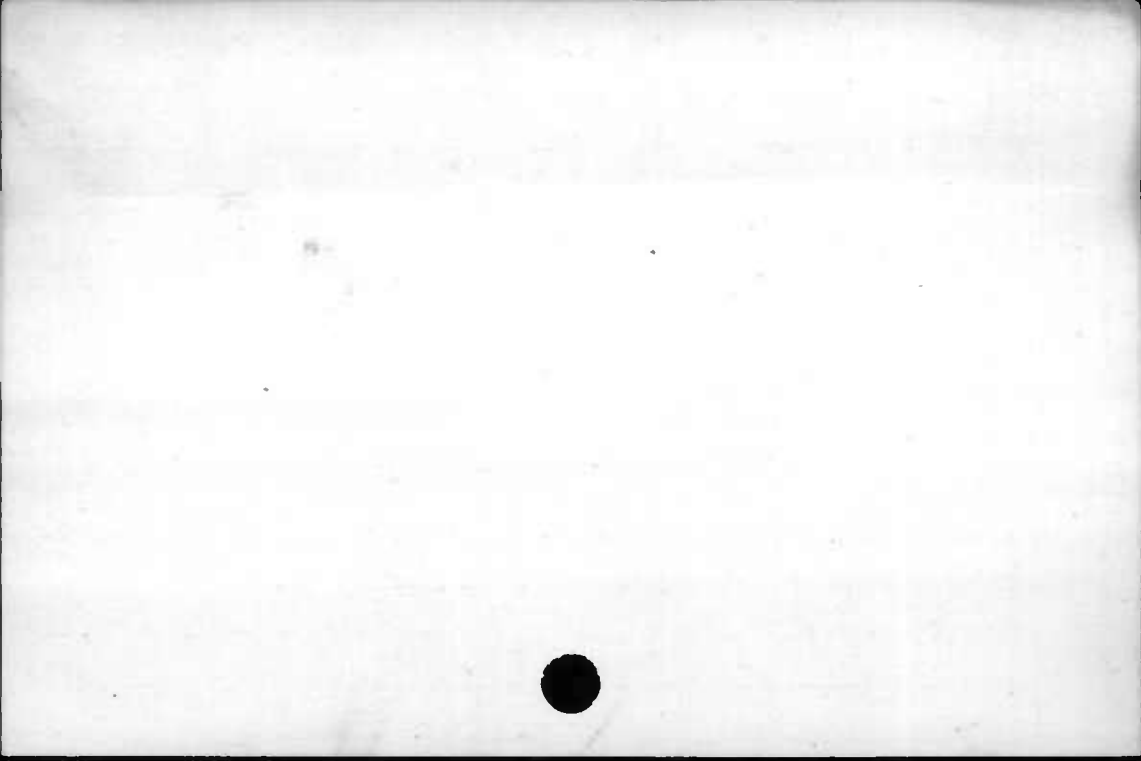
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James T. Hard</i>		Town <i>Perryway</i>		County <i>Ches</i>		MARYLAND	
Died at <i>Perryway</i>		Month <i>July</i>		Day <i>8</i>		Age <i>—</i>	
Date of death <i>1906</i>		Month <i>July</i>		Day <i>8</i>		Age <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ches Co</i>		Months <i>5</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>at place of death</i>		Years <i>—</i>		Days <i>2</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>		Birth-place <i>Ches Co</i>		Months <i>5</i>	
Father's Name <i>Wm Hard</i>		Mother's Maiden Name <i>Martha Chase</i>		How related to deceased <i>Father</i>		Birth-place <i>Ches Co</i>	
Name of person giving information <i>Wm Hard</i>		Where Residing if not at place of death <i>at place of death</i>		Years <i>—</i>		Days <i>2</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera-Colitis</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Mitchell</i>
Accident or Suicide? <i>NO</i>	Address <i>Perryway, Md.</i>



Name
in
Full

Mary Eliz Jamison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mc Chondia		County Charles		MARYLAND	
Date of death		1906	Month July	Day 4	Years 23	Months	Days
Sex		Female		Color or Race		African	
Occupation		Servant		Birth- place		Charles Co	
Married, Single or Widowed		Single		Where Residing if not at place of death		—	
Father's Name		Samuel Jamison		Father's Birthplace		Charles Co	
Mother's Maiden Name		Mary W. Denmore		Mother's Birthplace		Charles Co	
Name of person giving In formation		Ind. Jamison		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

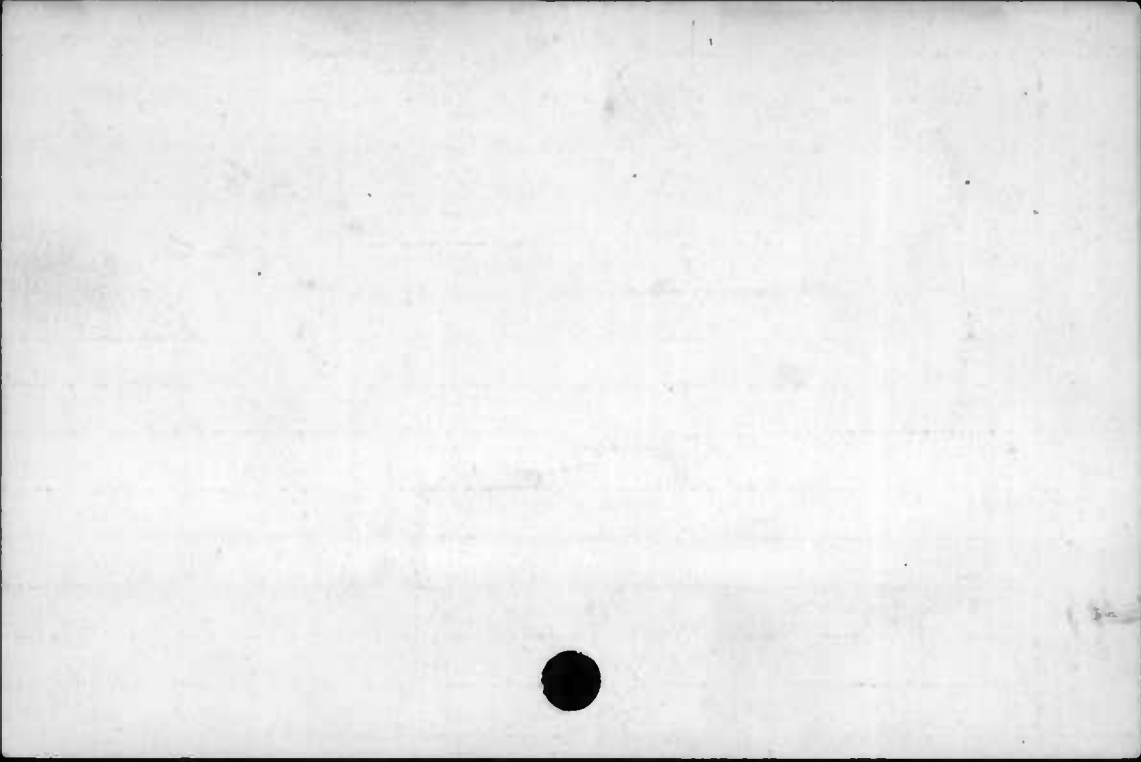
Primary	Pulmon. Tuberculosis	How long	1 year 2 Mo.
Immediate	Tubercular Meningitis	How long	10 days.
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E. Spencer	
Address		Bel Air	
Accident or Suicide?		Ind	



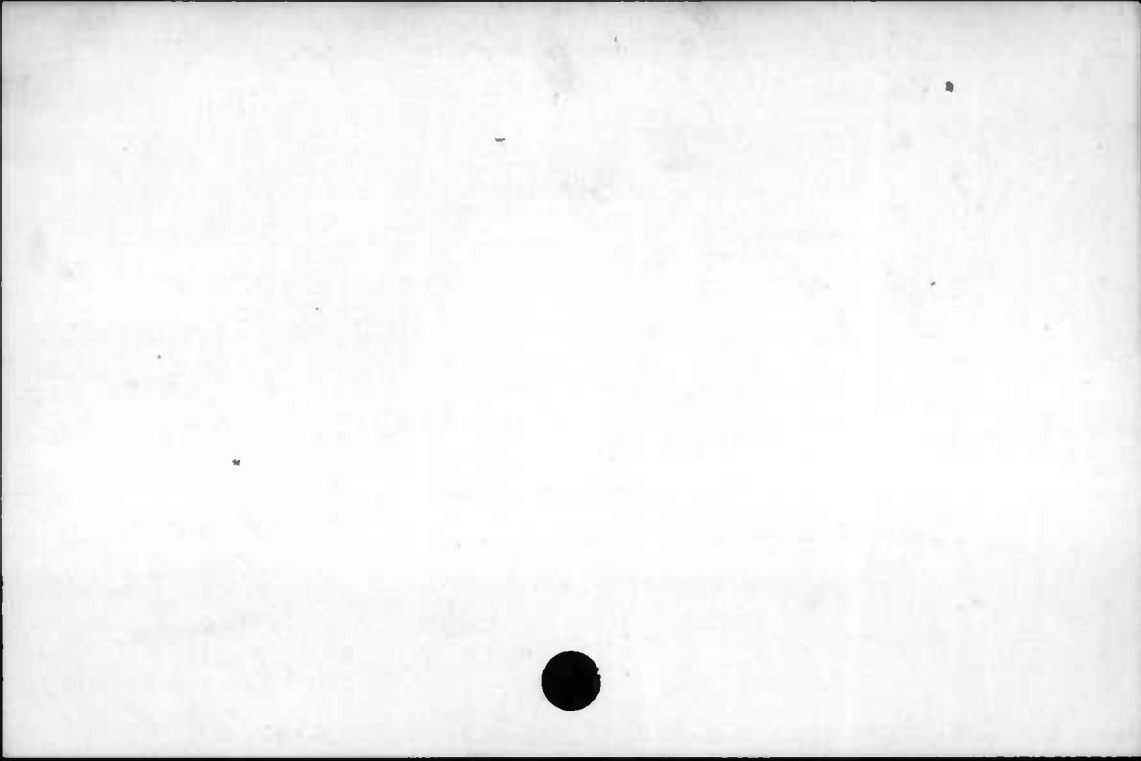
Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>James G. Jenkins</i>		County <i>Charles</i>		MARYLAND
	Town <i>Hughesville md</i>		Age <i>60</i>		Months <i>6</i> Days <i>3</i>
	Date of death <i>1906</i>	Month <i>7</i>	Day <i>3</i>		
	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind -</i>		
	Occupation	Where Residing if not at place of death <i>Baltimore, Md.</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>John W. Jenkins</i>	Father's Birthplace <i>Chas. G. md</i>			
Mother's Maiden Name <i>Emily H. Gardiner</i>	Mother's Birthplace <i>Chas. G. md</i>				
Name of person giving information <i>Brother</i>	How related to deceased <i>Brother</i>				
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Dia Betis</i>	<i>50</i>		How long <i>6 yrs</i>	
	Immediate <i>General Collapse</i>			How long	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes -</i>	Signature of Physician <i>Mary C. Chappell</i>		Address <i>Hughesville Maryland</i>	
		Address			
	Accident or Suicide? <i>—</i>				



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Palmerston City</i>		County <i>Charlotte</i>		State MARYLAND	
	Date of death	<i>1906</i>	Month <i>July</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>	
	Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Ind</i>		Days <i>11</i>		
	Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
	Father's Name <i>Edgar Lewis</i>			Father's Birthplace <i>Ind</i>				
	Mother's Maiden Name <i>Katie Morrison</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving In formation <i>Edgar Lewis</i>			How related to deceased <i>Father</i>					
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Indigestion</i>		(104)		How long <i>1 mo</i>			
	Immediate <i>Spasms</i>				How long <i>2 weeks</i>			
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. C. Chappell M.D.</i>					
			Address <i>Haydenville Ind</i>					
Accident or Suicide?								



Name In Full		Pearl Elizabeth Mc Daniel				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near Waldorf		Charles		MARYLAND	
	Date of death	1906	Month July	Day 20	Age —	Years 5	Months —
	Sex	Female		Color or Race White		Birth-place Washington D.C.	
	Occupation	—		Where Residing If not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	T. Roy Mc Daniel				Father's Birthplace Ind	
PHYSICIAN OR CORONER	Mother's Maiden Name	Mamie Hicks				Mother's Birthplace Ind	
	Name of person giving information	Harry Hicks				How related to deceased Uncle	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Cerebritis			How long	Six days	
	Immediate	Exhaustion			How long	Short while	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		G. O. Monroe M. D.	
	Yes			Address		Waldorf	
	Accident or Suicide?					Ind	



Name
in
Full

Terdn and J M addox.

CERTIFICATE OF DEATH

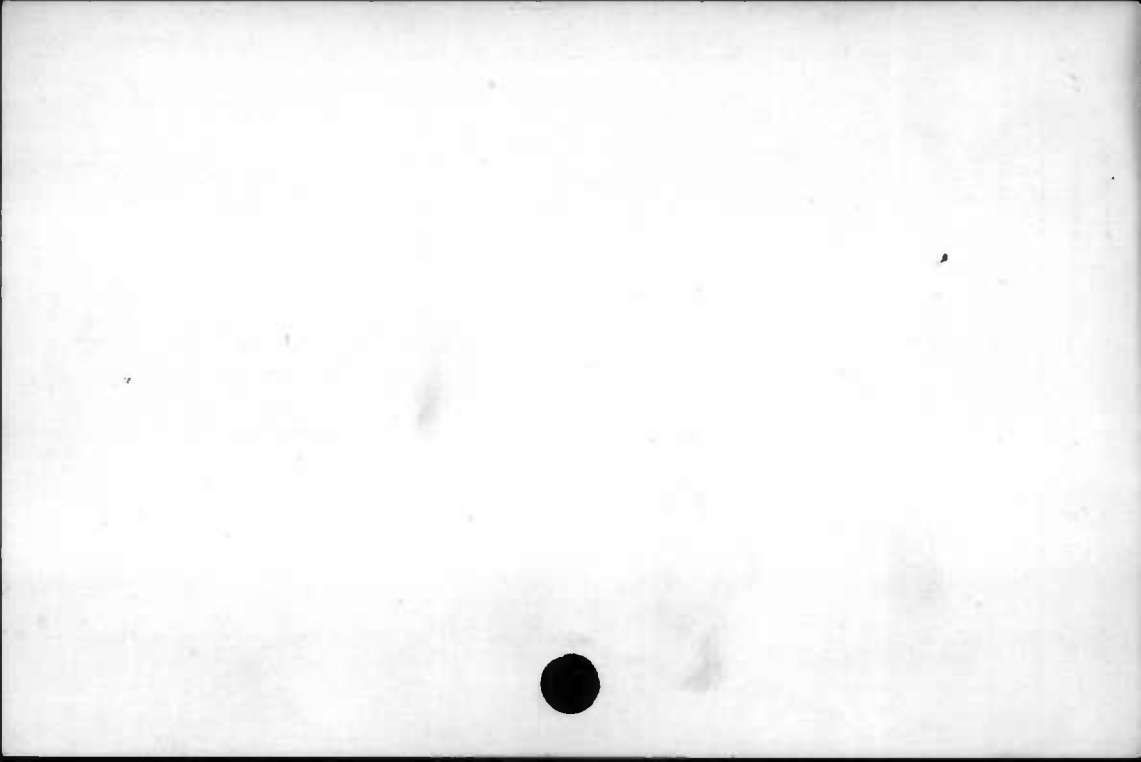
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1906</i>	<i>July</i> ^{Month}	<i>13</i> ^{Day}	<i>73</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i> <i>Farmers</i>		Birth-place <i>—</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Arthur Maddox</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Nelson</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>F. A. M. Maddox</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Atheroma. Pyemia.</i>	How long <i>4 years</i>
Immediate <i>Congestion of Lungs</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul L. Nauman</i>
	Address <i>La Plata</i>
	<i>md.</i>
Accident or Suicide? <i>—</i>	



Name in Full		Elizer Mankens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Grayton	County Charles		MARYLAND	
	Date of death		1906	Month July	Day 3	Age Years	Months 6
	Sex		Female		Color or Race		Black
	Occupation				Birth-place		Ind
	Married, Single or Widowed				Where Residing If not at place of death		
	Name of Wile or Husband						
Father's Name		Alexander Mankens.				Father's Birthplace	Ind
Mother's Maiden Name		Jane Tubman				Mother's Birthplace	Ind
Name of person giving Information						How related to deceased	

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Abscess in Head	
	Immediate	How long about 3 weeks	
	Are the name, age, sex, color, date and place correctly given above?	Yes	
	Signature of Physician	How	
Address		James M. Wheeler	
Accident or Suicide?		Sub Registrar	



Name
in
Full

Infant Child of Thos Plater

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Baltimore

Charles

Date

Month

Day

Years

Months

Days

of death 1906

July

29

Age

—

—

—

Sex

Girl

Color or
Race

White

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Thos. Plater

Father's
Birthplace

Ind

Mother's
Maiden Name

Harriet Jones

Mother's
Birthplace

Ind

Name of person giving
In formation

Thos Plater

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

How long

—

Immediate

Strangulation

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. C. Chapman

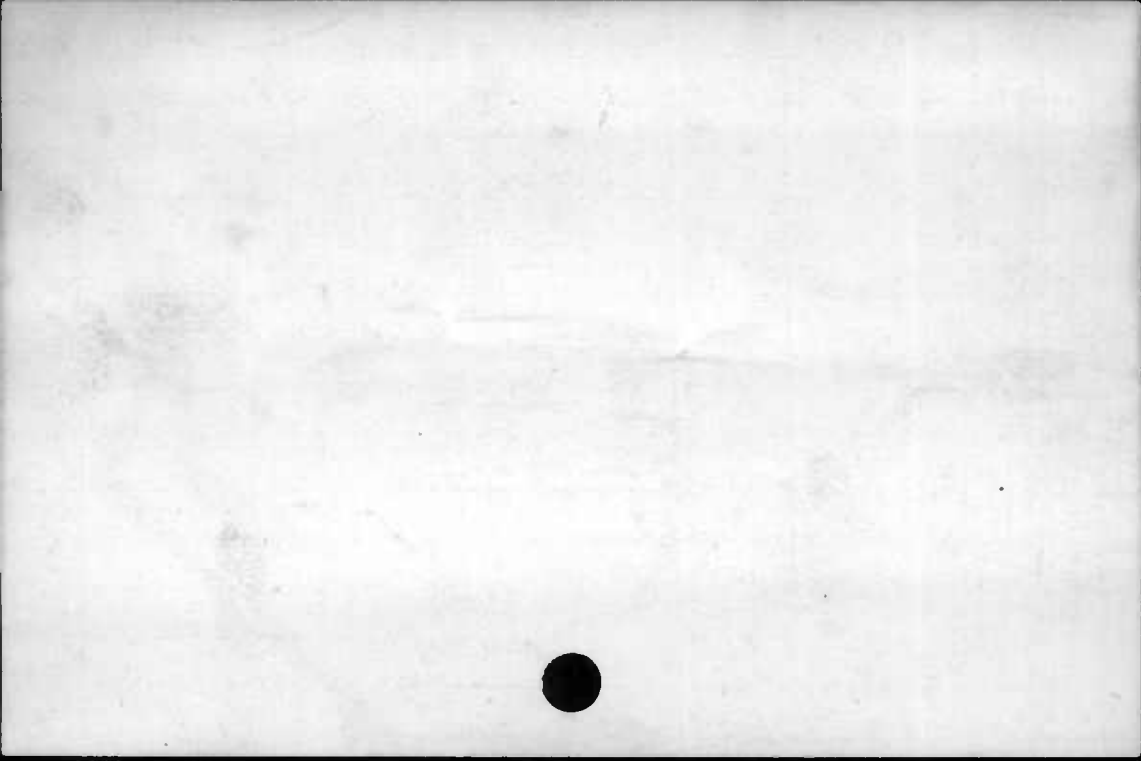
Address

Keigher Ave Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

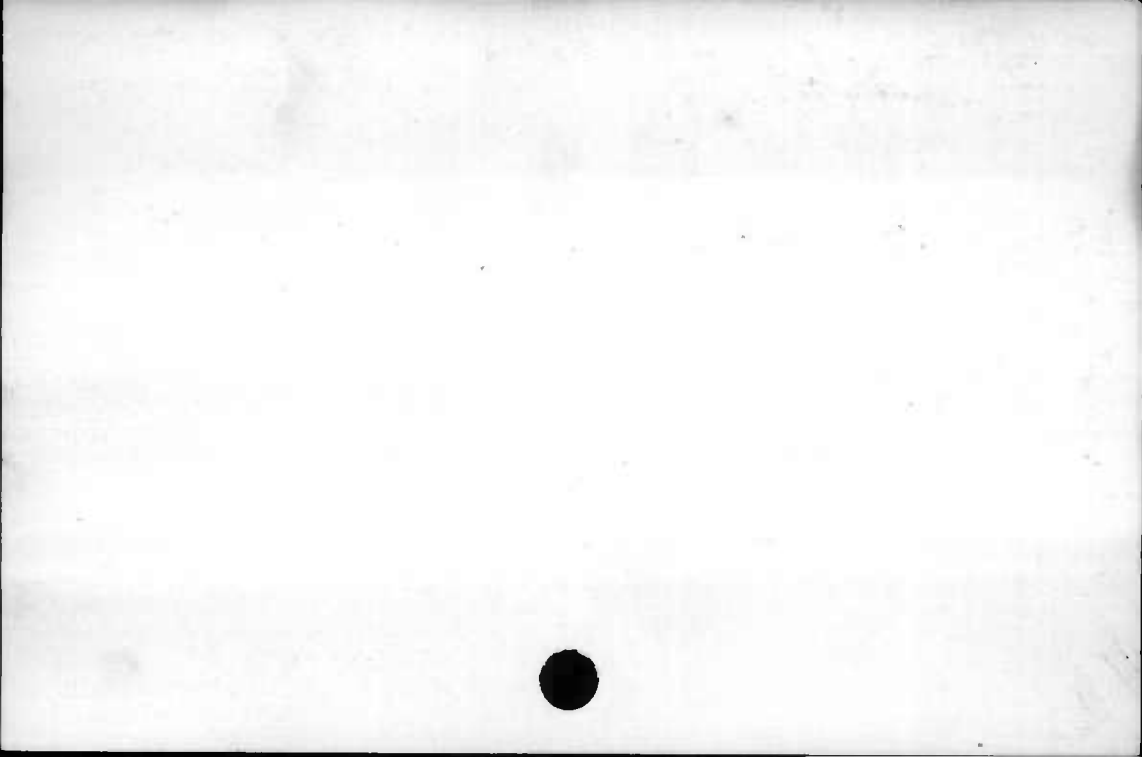
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glymont</u> ^{Town}		<u>Chas</u> ^{County}		MARYLAND	
Date of death	<u>1906</u>	<u>July</u> ^{Month}	<u>21</u> ^{Day}	<u>8</u> ^{Years}	<u>15</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>car</u>		Where Residing if not at place of death <u>car</u>		
Married, Single or Widowed	<u>seen</u>	Name of Wife or Husband	<u>car</u>		
Father's Name	<u>Joseph Porvur</u>			Father's Birthplace	<u>Gorgie</u>
Mother's Maiden Name	<u>Mary Culver</u>			Mother's Birthplace	<u>Washington</u>
Name of person giving information	<u>Red Branson</u>			How related to deceased	<u>None</u>

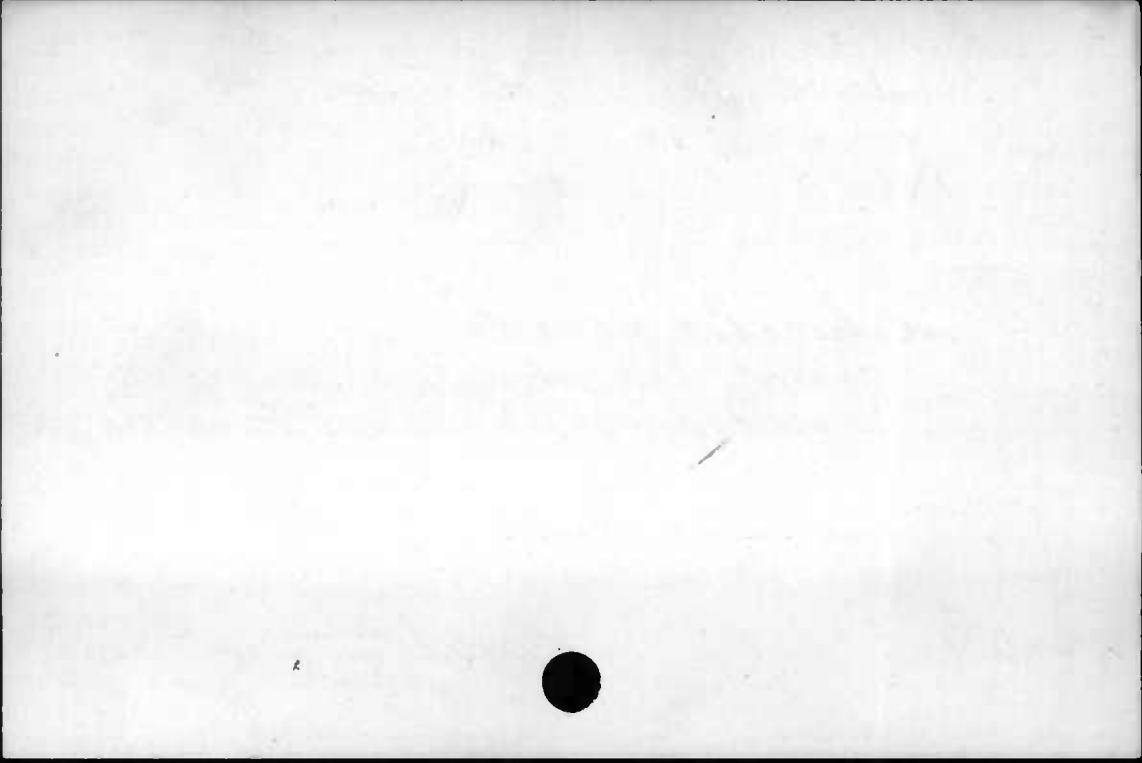
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Whooping Cough</u> <u>(8)</u>	How long	<u>18 days</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>John P. Marshall</u>
		Address	<u>Sub Rq</u>
Accident or Suicide?			



Name in Full		Town		County		CERTIFICATE OF DEATH	
W. G. Roby		New White Plains		Chesels		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		July		26		00	
Sex		Color or Race		Birth-place			
M		White		Ind			
Occupation		Where Residing if not at place of death					
Farmer		Ind					
Married, Single or Widowed		Name of Wife or Husband					
Married		Melvina Willett					
Father's Name		Father's Birthplace					
L. Roby		Ind					
Mother's Maiden Name		Mother's Birthplace					
Mrs Roby		Ind					
Name of person giving information		How related to deceased					
Selmon Roby		Son					
CAUSES OF DEATH							
Primary		How long					
Bright's disease of Kidney		6 months					
Immediate		How long					
Exhaustion		Short while					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes		G. O. Munn					
		Address					
		Waco, Ind.					
Accident or Suicide?							



Name
in
Full

Sarah. Saunders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *near* ^{Town} *Grayton* ^{County} *Charles* **MARYLAND**

Date of death *1906* ^{Month} *July* ^{Day} *18* ^{Years} *72* ^{Months} ^{Days}

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation Where Residing if not at place of death

~~Married~~
• Widowed

Name of Wife or Husband

Father's Name

Charles J. Jorden

Father's Birthplace

Ind

Mother's Maiden Name

Not Known

Mother's Birthplace

Name of person giving information

Alexander Saunders

How related to deceased

Son

CAUSES OF DEATH

Primary

Rheumatism and

How long

Immediate

Old age

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

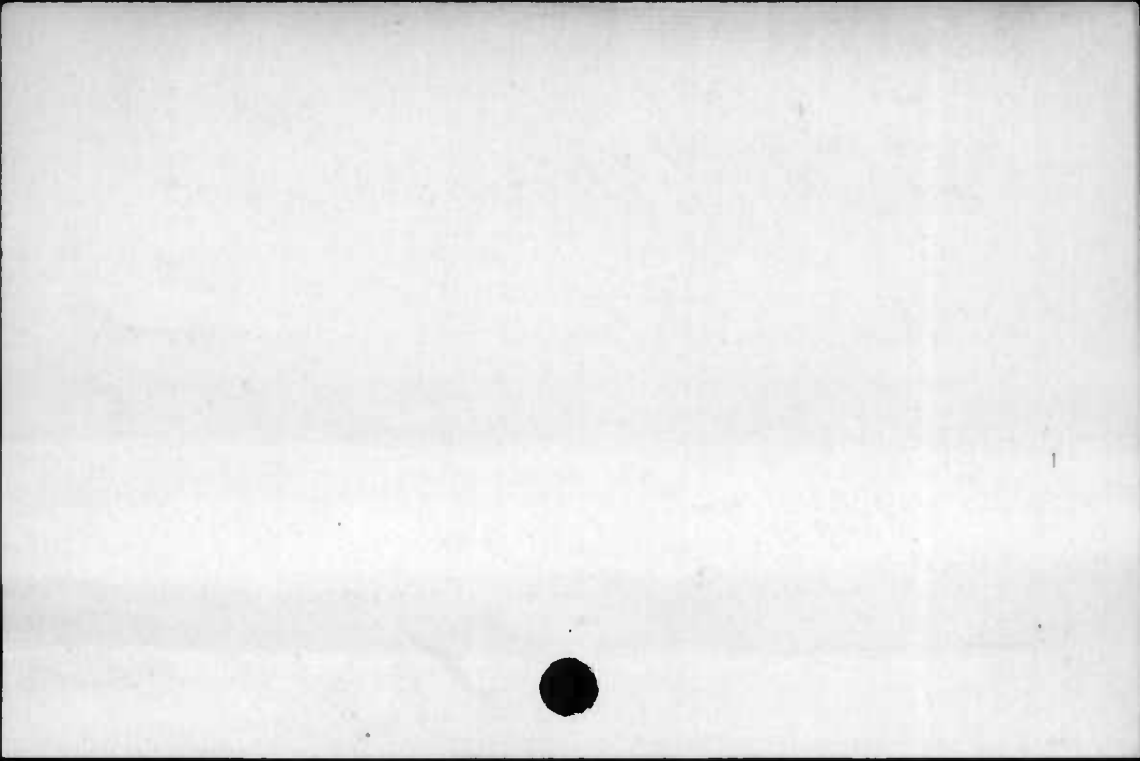
Signature of Physician

Address

James M. Wheeler
Sub Registrar

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

Myrtle Simmons

CERTIFICATE OF DEATH

Died at ^{Town} near Hill Top ^{County} Charles

MARYLAND

Date of death 1906 ^{Month} July ^{Day} 31 ^{Years} Age ^{Months} 3 ^{Days} 4Sex Female ^{Color or Race} Black ^{Birth-place} IndOccupation ^{Where Residing if not at place of death}Married, Single
or WidowedName of Wife or
Husband

Father's Name Arthur Simmons

Father's Birthplace Ind

Mother's Maiden Name Emma Swann

Mother's Birthplace Ind

Name of person giving information George Simmons

How related to deceased

CAUSES OF DEATH

Primary Whooping cough ^{How long} 8 ^{How long}

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

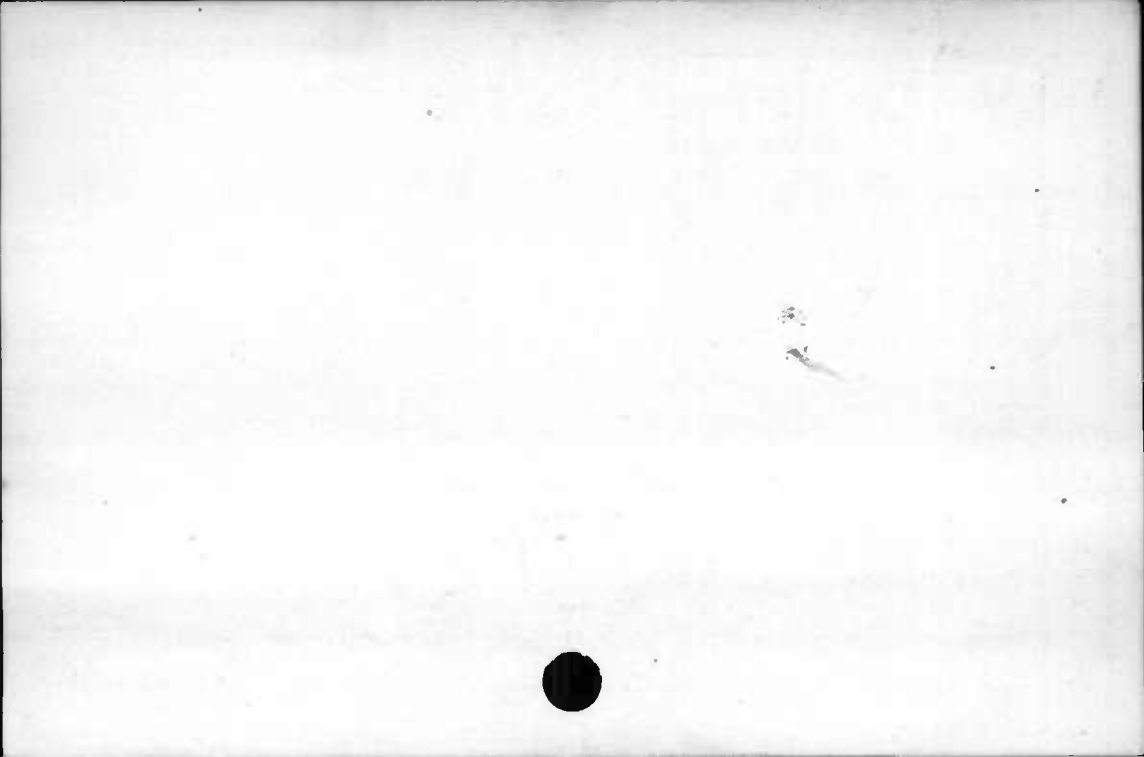
Signature of Physician

Address

None attendances
James M. Wheeler
Sub Registrar

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

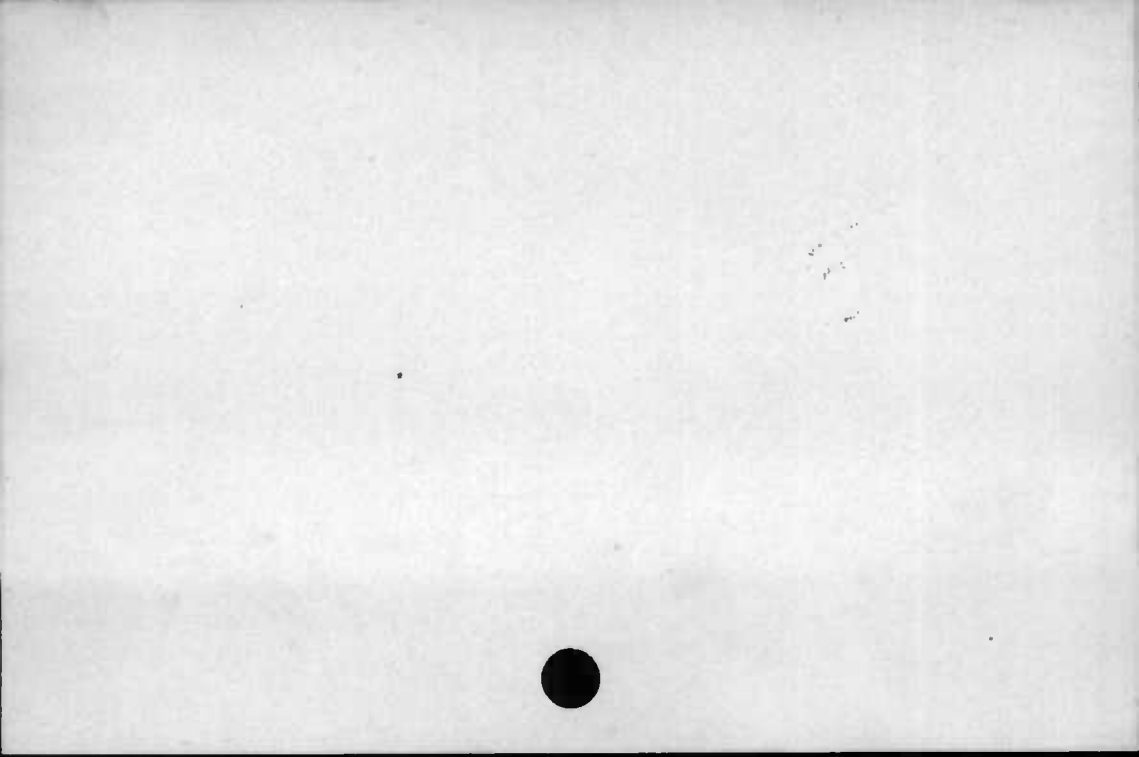
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Noel R. Simmons</i>		Town <i>Pisgah</i>		County <i>Charles</i>		State <i>MARYLAND</i>									
Died at		Date of death <i>1906</i>		Month <i>July</i>		Day <i>21</i>		Age <i>56</i>		Years <i>56</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>American</i>		Birth-place <i>Maryland</i>											
Occupation <i>Farmer</i>		Where Residing if not at place of death													
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lola Simmons</i>													
Father's Name <i>William Simmons</i>		Father's Birthplace <i>Maryland.</i>													
Mother's Maiden Name <i>Lora Milestead</i>		Mother's Birthplace <i>Maryland.</i>													
Name of person giving information <i>Philemon Delozier</i>		How related to deceased <i>Nephew</i>													

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Rheumatism</i>	How long	<i>About 2 weeks</i>
Immediate	<i>Congestion of Lungs</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Geo. C. Bicknell,</i>	
		Address <i>Pisgah, Md.</i>	
Accident or Suicide?			



Name
in
FullCatherine Spaulding,
new Hill Top Town
Charles County

CERTIFICATE OF DEATH

MARYLAND

Died at
Date of death 1906 July 17 Age 75-
Months Days

Sex Female Color or Race Black Birth-place Ind

Occupation Where Residing if not at place of death

Married, Single or Widowed ☒ Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Lawyer

Mother's Birthplace

Name of person giving information

Sam Ward

How related to deceased

Friend

CAUSES OF DEATH

Primary

Cancer

45

How long

Several

Immediate

How long

2 years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

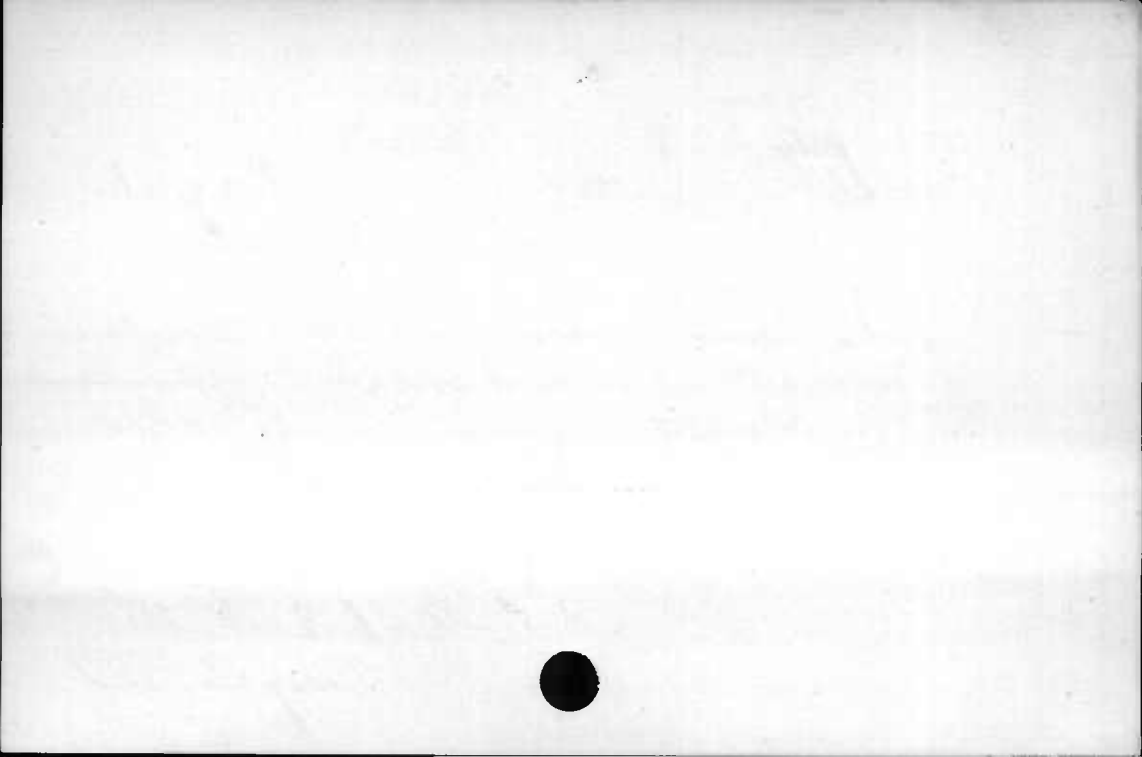
Address

S. H. Speak
Grayton

91102

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

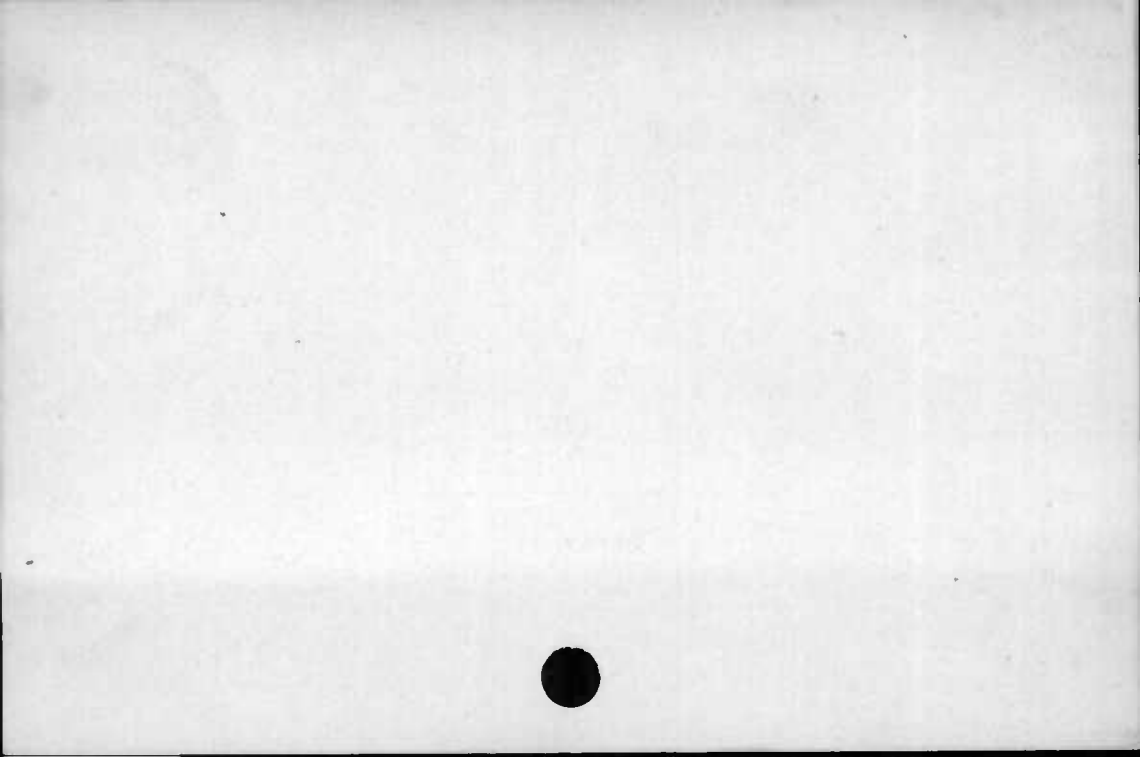
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Pisgah</i>		County <i>Swann</i>		MAYLAND	
Date of death		1906	Month <i>July</i>	Day <i>8</i>	Age Years	Months	Days
Sex <i>male</i>		Color or Race <i>C</i>		Birth-place <i>Pisgah</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>John Wesley Swann</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Margaret Tilton Jackson</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Marquet T. Swann</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Geo. B. Bicknell</i>	
		Address <i>Pisgah, Md.</i>	
Accident or Suicide?			



Name
in
Full

Matilda Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ms. Claudia</i>		County <i>Charles</i>		MARYLAND	
Date of death	1906	Month	July	Day	11
Age	74	Years		Months	
Sex	Female	Color or Race	African	Birth-place	Charles Co
Occupation	House wife	Where Residing If not at place of death			
Married, Single or Widowed	Married	Name of the Husband <i>Joe. Thomas</i>			
Father's Name	<i>Robt. Morris</i>	Father's Birthplace <i>Charles Co</i>			
Mother's Maiden Name	<i>Eliz. C. Simms</i>	Mother's Birthplace <i>Charles Co</i>			
Name of person giving information	<i>Joe. Thomas</i>	How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Dil. + Atheros.</i>	How long	<i>1 Year</i>
Immediate	<i>lost compensation</i>	How long	<i>9 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Dr. [Signature]</i>	
Address		<i>Bel Air</i>	
Accident or Suicide?		<i>MD</i>	



Name
in
Full

Sophia Hice Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M^d. Concha</i>		Town <i>Chat</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>7</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birthplace <i>Chat Co Md</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Jancey Warren</i>				Father's Birthplace <i>Chat Co Md</i>			
Mother's Maiden Name <i>Louisa Johnson</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Jancey Warren</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None</i>	
		Address <i>W. F. Brown</i> <i>Sub Ky.</i>	
Accident or Suicide?			

Reported by
W. F. Brawnner
San Rey

Name
in
Full

Daisy Washington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} near River Side ^{County} Charles MARYLANDDate of death 1906 ^{Month} July ^{Day} 28 Age ^{Years} 2 ^{Months} 2 ^{Days}

Sex Female Color or Race Black Birth-place Ind

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name William Washington Father's Birthplace Ind

Mother's Maiden Name Ada Washington Mother's Birthplace Ind

Name of person giving information George. Penclum How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

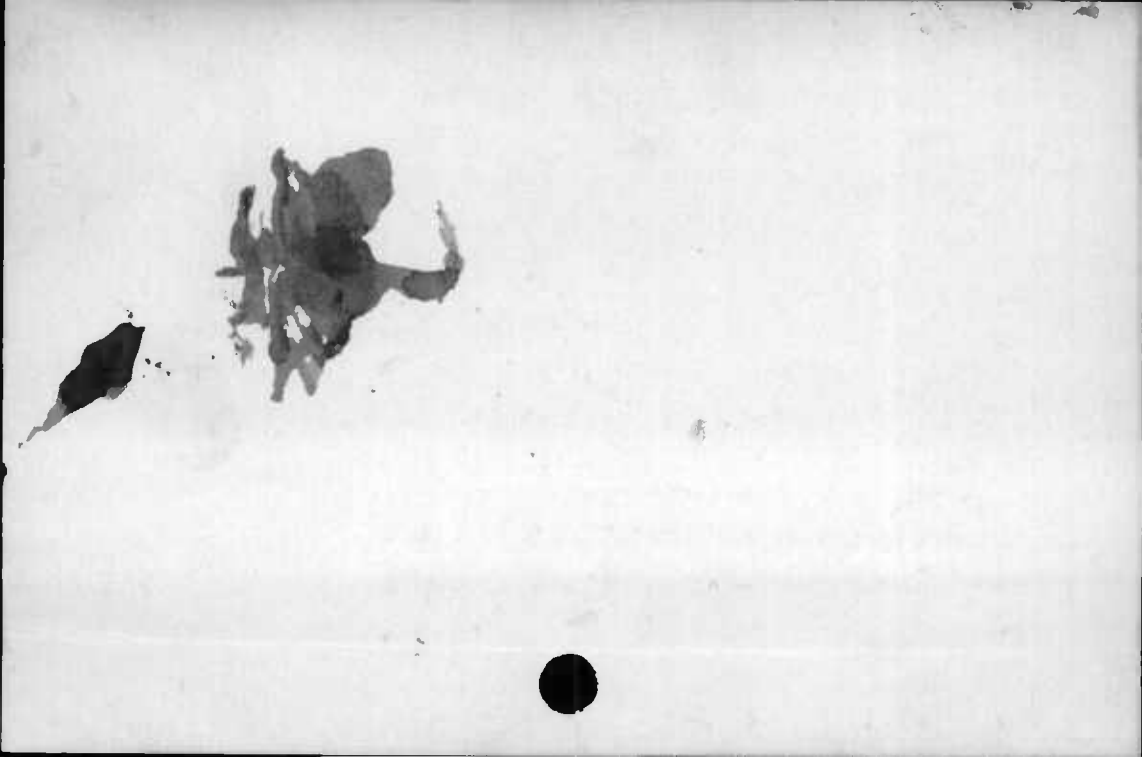
Primary Whooping cough How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician

Address

Accident or Suicide? James. M. Wheeler Sub Registrar



Name In Full		Nancy Young				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Bel Air		County Charles		MARYLAND	
	Date of death	1906	Month July	Day 23	Age 42	Years 42	Months —
	Sex	Female		Color or Race	African		
	Occupation	Housewife			Where Residing if not at place of death		
	Married, Single or Widowed	Married		Name of Wife Husband	Henry Young		
	Father's Name	George Sewell			Father's Birthplace	Charles Co	
	Mother's Maiden Name	Eliza Dobbin			Mother's Birthplace	Charles Co	
	Name of person giving information	Henry Young			How related to deceased	Husband	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Cardiac Hypert.			How long	2 months	
	Immediate	Lost Consciousness			How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician		
					Address		
					Bel Air Md		
Accident or Suicide?							

